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CONFIRMATION NO. 5011

|   |   |                           |   |                                   |
|---|---|---------------------------|---|-----------------------------------|
| SERIAL NUMBER<br>10/613,713   | FILING DATE<br>07/03/2003<br><br>RULE   | CLASS<br>455              | GROUP ART UNIT<br>2683  | ATTORNEY DOCKET NO.<br>AFOSS.0106 |
| <b>APPLICANTS</b><br>Donald R. Brewer, Richardson, TX;<br><br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/394,584 07/09/2002<br><br><b>** FOREIGN APPLICATIONS *****</b>   |   |                           |   |                                   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/29/2003</b>  |   |                           |   |                                   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> |   | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>12   | TOTAL<br>CLAIMS<br>75             |
|   |   |                           | INDEPENDENT<br>CLAIMS<br>6  |                                   |
| <b>ADDRESS</b><br>22858<br>CARSTENS YEE & CAHOON, LLP<br>P O BOX 802334<br>DALLAS , TX<br>75380   |   |                           |   |                                   |
| <b>TITLE</b><br>Wearable phone and wristwatch having a detachable phone module and a separate phone carriage  |   |                           |   |                                   |
| FILING FEE<br><br>RECEIVED<br>2122  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                   |

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